

Department of Revenue Services State of Connecticut Business Tax Subdivision/ Excise Tax Field Unit PO Box 5031 Hartford CT 06102-5031 AU737 0725W 01 9999



Form AU-737 Motor Vehicle Fuels Tax Refund Claim

(Rev. 07/25)



Refund claims must be filed on or before May 31, 2026, for fuel used during calendar year 2025. You must check the appropriate fuel type box below. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS). Do not use staples.

Airport Service Motor Bus

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	Period of claim in calendar year		Type of business	Connecticut Tax Re	gistration Number
•	through		1	-	-
	M M - D D - Y Y Y Y Name of claimant (print)	M M - D D - Y Y Y Y		Federal Employer Id	entification Number
	rtaine of diametric (print)			• daorai Employor ia	onanoaron nambor
	Address (number and street)			Social Security Num	
	ridarese (namesi and edest)			- Jocial Security Num	Dei
	City or town	State	ZIP code	Check here if addres	
	City of town	State	211 0000	Check here if addres	is change.
	Location of records if different from al	hove		Telephone number	
	Location of records if different from all	0040		-	_
Fu	el type: Diesel	Motor vehicle fuels (ga	asoline-gasohol)	Alternative fuels	
Claim type: Airport service motor bus					
Part 1 - Computation of Net Refund. Round all gallons to the nearest whole number.					
	•	Jane			
1.	Total miles for period.			1.	
2.	Total fuel gallons for period: Enter	the total number of fuel ga	allons from Schedule A.	2.	
3. Average miles per gallon: Divide Line 1 by Line 2; carry to .0001. 3.					
4. Total Connecticut miles used for transportation of passengers to or from airport facilities. 4.					
5. Refund gallons: Divide Line 4 by Line 3.			5.		
6	Tax refund claimed: Multiply Line	e 5 hv ner gallon	See Refund Rates on Page 3	3. 6. \$.00
٥.	Tax Totalia Glainica. Manuply Line	por gallon	. 500 Morana Maioo on Page C	γ. Ο. Ψ	.00

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

	Taxpayer signature	Title	Date
Sign Here			
Keep a copy of	Print taxpayer name	Telephone number	M M - D D - Y Y Y
this return			
for your records.	Paid preparer signature	Preparer address	Preparer's SSN or PTIN
	Taxpayer's email address		
_			



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Connections Tox	
Connecticut Tax	
Registration	
Number	

Schedule A

Statement of motor vehicle fuel purchases by month: Receipts **must** be attached. Attach additional sheet(s) as necessary to provide a complete response.

Column 1 Month	Column 2 Name of Supplier	Column 3 Gallons of Fuel
Total: Total of all amoun	ts in Column 3. Enter here and on Part 1, Line 2. Round to the nearest whole nur	nber.

Motor bus companies must attach a copy of their Certificate of Public Convenience and Necessity issued under Chapter 244 of the Connecticut General Statutes with each claim filed.

Form AU-737 - Instructions

General Instructions

Complete this form in blue or black ink only.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2025 must:

- 1. Be filed with DRS on or before May 31, 2026; and
- 2. Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type and claim type box must be marked on the front of this form to process this claim. You must file a separate **Form AU-737**, *Motor Vehicle Fuels Tax Refund Claim*, for each motor vehicle fuel type, claim type, or for any rate change listed.

Provide a telephone number where DRS can contact you.

You must indicate your Connecticut Tax Registration Number, Federal Employer Identification Number (FEIN), or Social Security Number (SSN) in the space provided.

Mail the completed refund application to:

Department of Revenue Services State of Connecticut Business Tax Subdivision/Excise Tax Field Unit PO Box 5031 Hartford CT 06102-5031

Your refund will be applied against any outstanding DRS tax liability.

Part 1 - Instructions

Complete Schedule A before completing Part 1 - Computation of Net Refund.

Rounding all gallons to the nearest whole number.

Line 6 only - Rounding off to whole dollars: You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents

Line 6 - Tax refund claimed: Use the table to calculate the proper tax refund rate based on when your purchase was made.

Schedule A - Instructions

For all purchases of fuel listed, you must attach a copy of each numbered slip or invoice issued at the time of the purchase. The slip or invoice may be the original or a photocopy and must show:

- Date of purchase;
- Name and address of the seller, which must be printed or rubber stamped on the slip or invoice;
- Name and address of the purchaser, which must be the name and address of the person or entity filing the claim for refund;
- 4. Number of gallons of fuel purchased;
- 5. Price per gallon;
- 6. Total amount paid; and
- If payment is made within a discounted period, provide proof of amount paid.

You must keep records to substantiate your refund claim for at least three years following the filing of the claim and make them available to DRS upon request.

Motor bus companies must attach a copy of their Certificate of Public Convenience and Necessity issued under Chapter 244 of the Connecticut General Statutes with each claim filed.

2025 Tax Refund Rates for Motor Buses Only				
January 1, 2025, through June 30, 2025, purchases				
Diesel	52.4¢ per gallon			
Motor vehicle fuels	25¢ per gallon			
Alternative fuels	26¢ per gallon			
July 1, 2025, through December 31, 2025, purchases				
Diesel	48.9¢ per gallon			
Motor vehicle fuels	25¢ per gallon			
Alternative fuels	26¢ per gallon			

You must also file a separate Form AU-737 for each fuel type, claim type or for any rate change listed above.

For Further Information on the Motor Vehicle Fuels Tax

Call the Business Tax Subdivision/Excise Tax Field Unit at **860-541-3224**, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

For the Latest News

Visit the DRS website at portal.ct.gov/DRS.

E-Services Update

Use **myconneCT** to file taxes, make payments, view filing history, and communicate with the agency simply and more efficiently on virtually any mobile device, including laptops, tablets, and smartphones, 24 hours a day, 7 days a week. For updated information, please visit the DRS website at **portal.ct.gov/DRS-myconneCT**.